

DEALER COMPLAINT

Regarding motor vehicle or recreational vehicle sales practices or warranty

MV2338 598 s.218.01 Wis. Stats.

Submit To: Wisconsin Dept. of Transportation
Dealer Section - Room 806
P. O. Box 7909
Madison, WI 53707-7909
Telephone: (608) 266-1425

Your Name				Name of Person or Firm Your Complaint is Against							
Address				Address							
City		Zip Code		County		City		Zip Code		County	
Home Phone (area code)				Hours you may be reached at home				Telephone (area code)			
Work Phone (area code)				Hours you may be reached at work				Who was your salesperson?			
License Plate Number		Vehicle Year		Make		Model		Have you told this person or firm about your complaint? <input type="checkbox"/> No <input type="checkbox"/> Yes, Whom?			
Vehicle Identification Number				Engine Size				May we send a copy of your written complaint to the person or company you wish to report? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Title Number		Present Odometer Reading				List any other agency, legal firm or mediation service that has been contacted					
Transmission		<input type="checkbox"/> Automatic		<input type="checkbox"/> Manual		<input type="checkbox"/> Four Wheel Drive		Is a court action pending? <input type="checkbox"/> No <input type="checkbox"/> Yes, Where?			

Was this vehicle
☐ Leased ☐ Purchased, Did you sign a purchase contract? ☐ No ☐ Yes, Date of purchase _____

Was this vehicle purchased as
☐ New ☐ Used ☐ Demo ☐ Executive

If used, was a used vehicle disclosure label displayed?
☐ No ☐ Yes, Were you given a copy? ☐ No ☐ Yes

How was vehicle sold?
☐ As Is ☐ Manufacturer Warranty ☐ Dealer Warranty ☐ Service Contract, Coverage Duration _____ miles OR _____ years

What do you think would be a fair settlement?

Explain the entire circumstances about your complaint.

Attach readable copies or originals of any items related to your case, such as: purchase contract, disclosure label, title/ registration application, finance contract, warranty documents, odometer statement or repair bills. The information you provide will be used in our mediation and enforcement efforts and may be shared with the party complained against. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request.

First Contact By/Date

X

(Complainant)

(Date)

